ABP Update to the MPPDA

APRIL 21, 2016

LAS VEGAS, NV

Update from the ABP

1. Pediatric Hospital Medicine
2. MOC for Trainees
3. Recent Improvements to MOC
4. Program Directors Portal and Online Tracking
5. Internet Based Testing for ITE

Pediatric Hospital Medicine (PHM)

- Petition for subspecialty certification in PHM approved by ABP
- Two years of training with scholarly activity required
- Application to be submitted by ABP to American Board of Medical Specialties (ABMS)
- If approved by ABMS, application to ACGME to accredit fellowship programs
- Manuscript to be submitted for peer review outlining ABP process, current training and practice of PHM, and rationale for decision

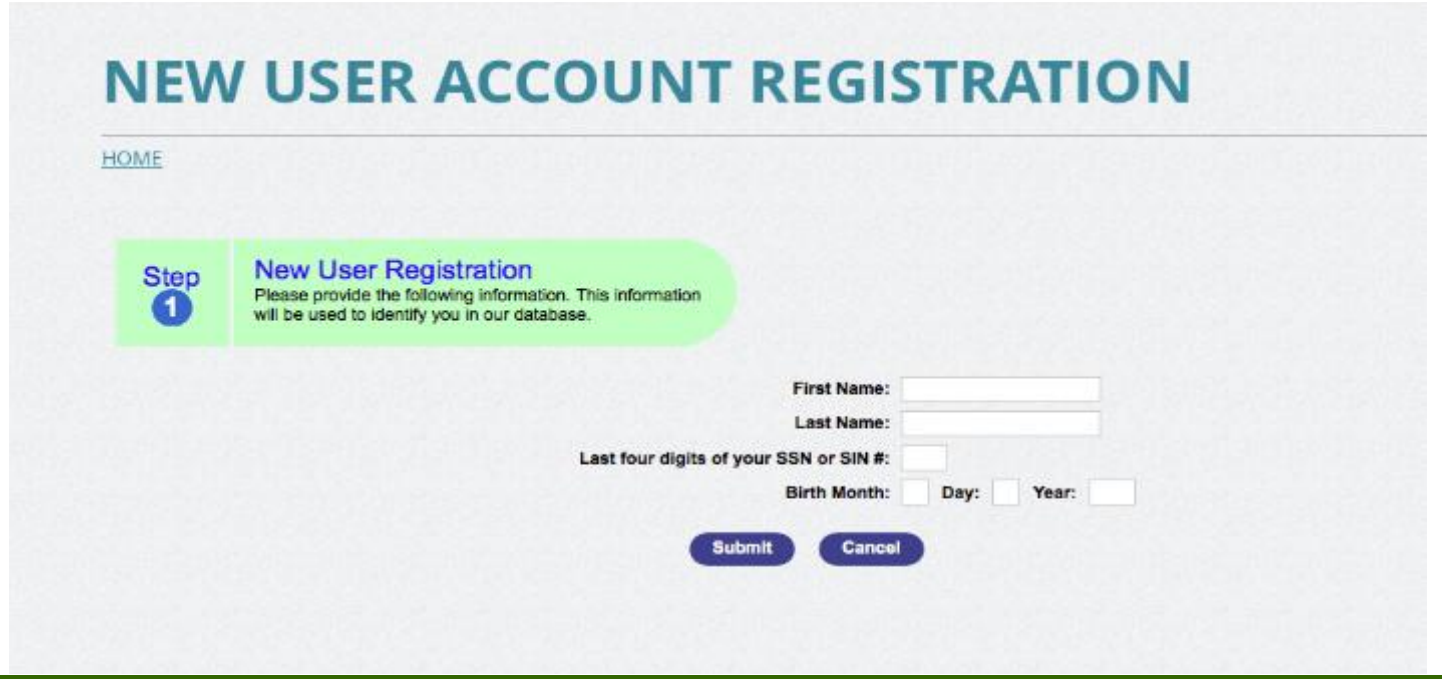
Thank YOU for input!!

MOC for Residents

- Residents will be able to **earn Part 4 MOC credit** during residency for meaningful participation in QI activities (just like a diplomate)
  - Practice Improvement Modules (PIMs)
  - Approved QI projects in institutions and organizations
  - Authorship of qualifying QI articles or posters
- Resident MOC **credit** will be **"in the bank"** for when they become certified and enter their first MOC cycle
- Residents will be able to **access many other ABP Part 2** (self assessments and QOW) activities, but will not receive bankable credit

Getting started

Once in the ABP system (Nov of PL1 year), resident creates a portfolio



Recent Improvements to MOC

ABP: February 2015 Blog

"We will be expanding MOC Part 4 credit eligibility to include the application of Quality Improvement principles, science and tools to an activity intended to improve the health of children. This activity should be highly relevant to any diplomate's work. For example QI projects can involve clinical care, clinical research, basic research, education and policy work."

New Part 4 Pathways in 2015

Small Group Quality Improvement Projects (completed) 25 points

- "Create your own QI Project"
- This allows up to 10 diplomates to receive credit for a project they have already completed. The review and processing fee is $75 per project (not per diplomate)

Proposed QI project

- This allows a diplomate or team to submit a proposal and receive feedback and coaching if desired to develop a new project. There is no fee for this service.

NCQA PCMH 40 points

- This allows diplomates whose practices achieve NCQA PCMH designation to receive credit for the QI work that is entailed. There is no fee.

QI Project Applications from Small Groups (25 points)

- Built for projects led by diplomates
- Up to 10 pediatricians can earn credit per project
- Simplified/streamlined QIPA application
  - 8 questions, directed to the physician project leader
- Application is for ***completed*** projects
  - Credit awarded immediately upon approval
- "Proposed project" pre-application also available
  - No credit, but will populate into the completed project application when finished

MOC for Program Directors

- Educational Research
  - ABP expanded MOC Part 4 credit to include QI projects that not only involve direct clinical care but clinical, basic and educational research
  - ABP will accept and approve projects that improve an educational intervention or improve a research process
- Program Improvement
  - ABP will approve documented QI done as part of the annual program evaluation required by the ACGME for MOC Part 4 credit
  - Application and example completed application available on-line

Improvement in Research Processes Educational Research

Expanded rationale for credit: If we improve learning and/or assessment we provide better care to patients

Subspecialty EPA Study example:

- The goals of the effort are to enroll ≥ 30% of training programs in each subspecialty and for programs that agree to participate, have data submitted within 3 weeks of the CCC meeting.

General Pediatrics Study example:

- Within 36 months of the initiation of data collection, we will assess ≥80% of all pediatrics residents in the training programs that enroll in our research study using supervision rating scales to determine level of entrustment for each of the 17 general pediatrics EPAs.

MOC Part 4 Credit for ACGME Program Evaluation and Improvement

Questions to complete:

1. Describe the quality (educational) gap
2. What is the cause of the gap?
3. Identify the specific aim
4. What intervention did you make?
5. Identify the specific measures used
6. Did you collect baseline data? (Yes)
7. What were the results of the project?

EARNING ABP MOC CREDIT FOR ACGME PROGRAM EVALUATION AND IMPROVEMENT

HOME » NEWS » PRESS RELEASES » EARNING ABP MOC CREDIT FOR ACGME PROGRAM EVALUATION AND IMPROVEMENT

Wednesday, February 3, 2016 - 13:15

Joint Communication from ABP and ACGME

The American Board of Pediatrics (ABP) is now offering Part 4 Maintenance of Certification (MOC) credit to program directors, faculty, residents and fellows who engage in quality improvement to address areas that were identified during the program's annual program evaluation or the self-study.

The Accreditation Council for Graduate Medical Education (ACGME) requires all programs to complete an annual program evaluation, and requires programs on continued accreditation to conduct a more comprehensive self-study every 10 years. The ACGME's Next Accreditation System (NAS) places greater emphasis on program self-evaluation with the goal of improvement, with both the annual program evaluation and the self-study intended to facilitate this improvement. The overall approach in the NAS is well aligned with ABP Part 4 MOC activities, which focus on physicians' activities to improve practice, with the goal of improving patient care.

The rationale for the expansion of MOC Part 4 activities from solely clinical practice improvement to educational practice improvement is based on a belief that improving trainee learning and assessment, will ultimately result in improved education, and, ultimately, improved care to patients served by the graduates of accredited programs. The idea for this specific activity emerged from leadership of the Association of Pediatric Program Directors (APPD) and this group has been instrumental in working with ABP on the development of a template to document a program's improvement work.

The link to the template can be obtained below, along with instructions for completing the form and submitting it to ABP.

TEMPLATE

In an effort to reduce burden and facilitate improvement, the ACGME will support the use of these

NEWS
PRESS RELEASES
SUCCESS STORIES
IN MEMORIAM
NEWSLETTERS
ABP BLOG

PRESS RELEASES

DR. MOYER TO RECEIVE RICE UNIVERSITY'S 2016 DISTINGUISHED ALUMNI AWARD

DAVID K. STEVENSON, MD, 2016 ST. GEME AWARDEE

EARNING ABP MOC CREDIT FOR ACGME PROGRAM EVALUATION AND IMPROVEMENT

ABP ANNOUNCES 2016 PVM FELLOWSHIP AWARD WINNER

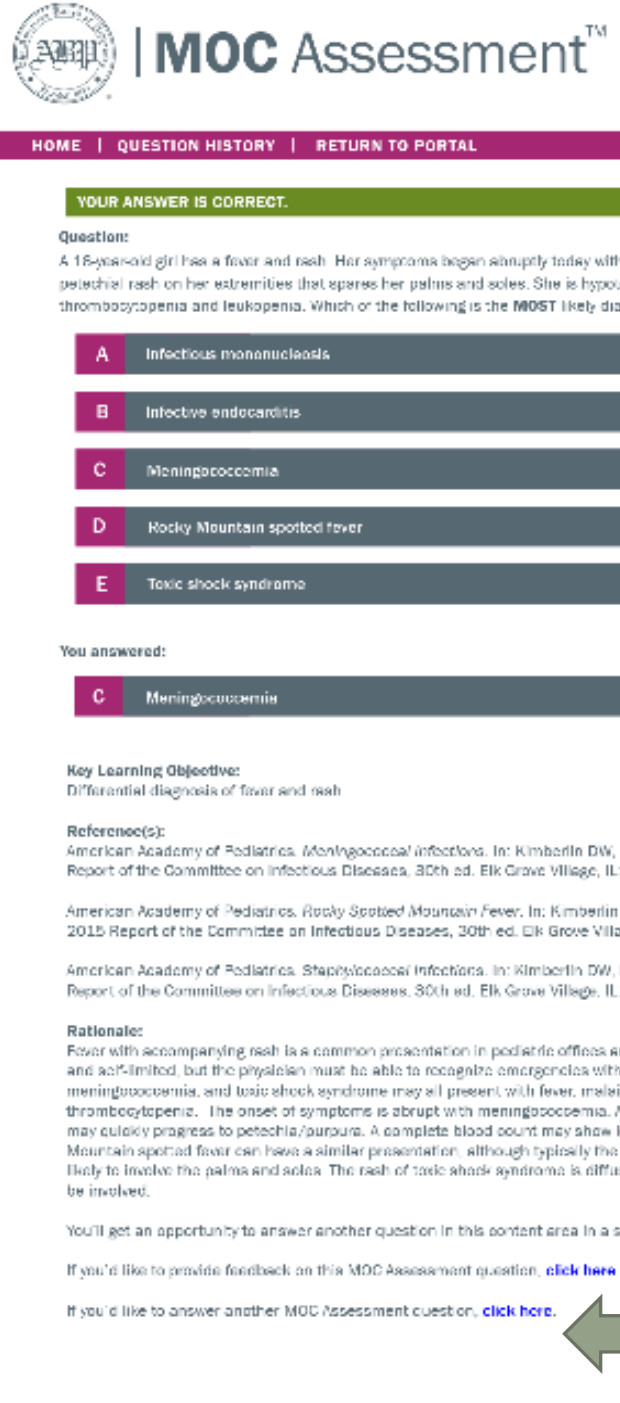
SEEKING PARTICIPANTS TO INFORM PLANS FOR THE MOC PART 3 GP EXAM PILOT

ABMS STATEMENT OF SHARED VALUES

INFO ON 2016 NEONATAL-PERINATAL MEDICINE, PEDIATRIC NEPHROLOGY & ADOLESCENT MEDICINE CERTIFYING

Assessment *and* Learning – When and Where?

Initial Cert and MOC Part 3 Exam	MOCA-Peds Pilot in General Pediatrics
Proctored Exam at Testing Center	Electronically delivered questions
Once every 10 years	Questions every quarter
200 questions every 10 years	80 questions annually
Feedback on exam performance	Immediate item feedback
Everyone takes the same exam	Exam tailored based on practice profiles: inpatient, outpatient, or both
Resources not allowed	Allowed but shouldn't be needed
10 year summative assessment	5 year summative assessment



Question

Answer

Key Learning Objective

References

Rationale

Feedback

Click For Next Question

Resident and Fellow Tracking (Online)

Goals

- Create secure electronic system that allows ABP to record trainee progression through training
- Provide Program Directors and Coordinators electronic access for updating trainee data, including final level summative evaluations, credit, dates of training
- Decrease incomplete or inconsistent trainee data
- Increase efficiency of ABP processes

Program Director Portal – Now Available!

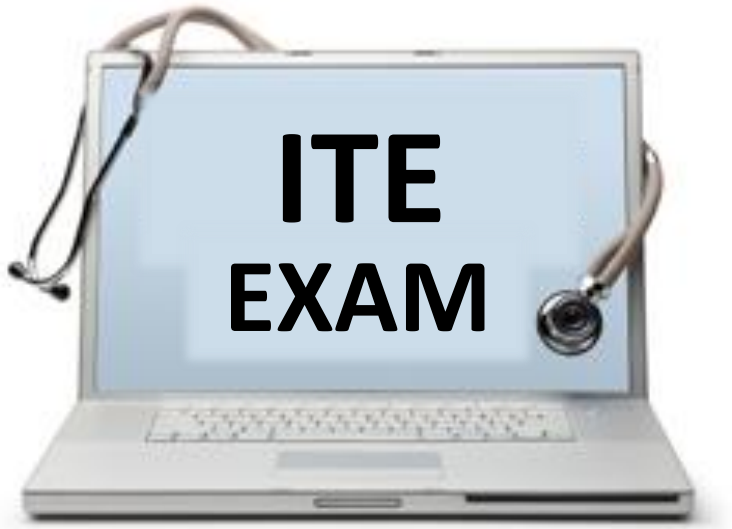
- Secure Portal Log-in for Program Directors and Coordinators
  - View and update program profile data
  - Manage coordinator data and grant access
- Order and pay for GP ITE examinations
  - No longer accepting checks
  - Use credit card , eCheck, and electronic funds transfer (EFT)

Program Director Portal – Now Available!

- View and download results of certifying examinations and ITE/SITE
- Access resources for program directors
  - Also available on public site
- Future goal: All resident and fellow tracking and verification of competence will be on-line.
  - Develop Resident Portfolio to display ITE scores and evaluations

2016 ITE

All programs will be required to administer exam via internet



2016 ITE

- Online order of ITE via new program director portal
- Dates of Administration: July 13-July 20
- Data Collected:
  - Last 4 digits of government ID #
  - Date of birth
  - Resident email addresses
- Revision of Instructions, Proctors Manual and FAQ

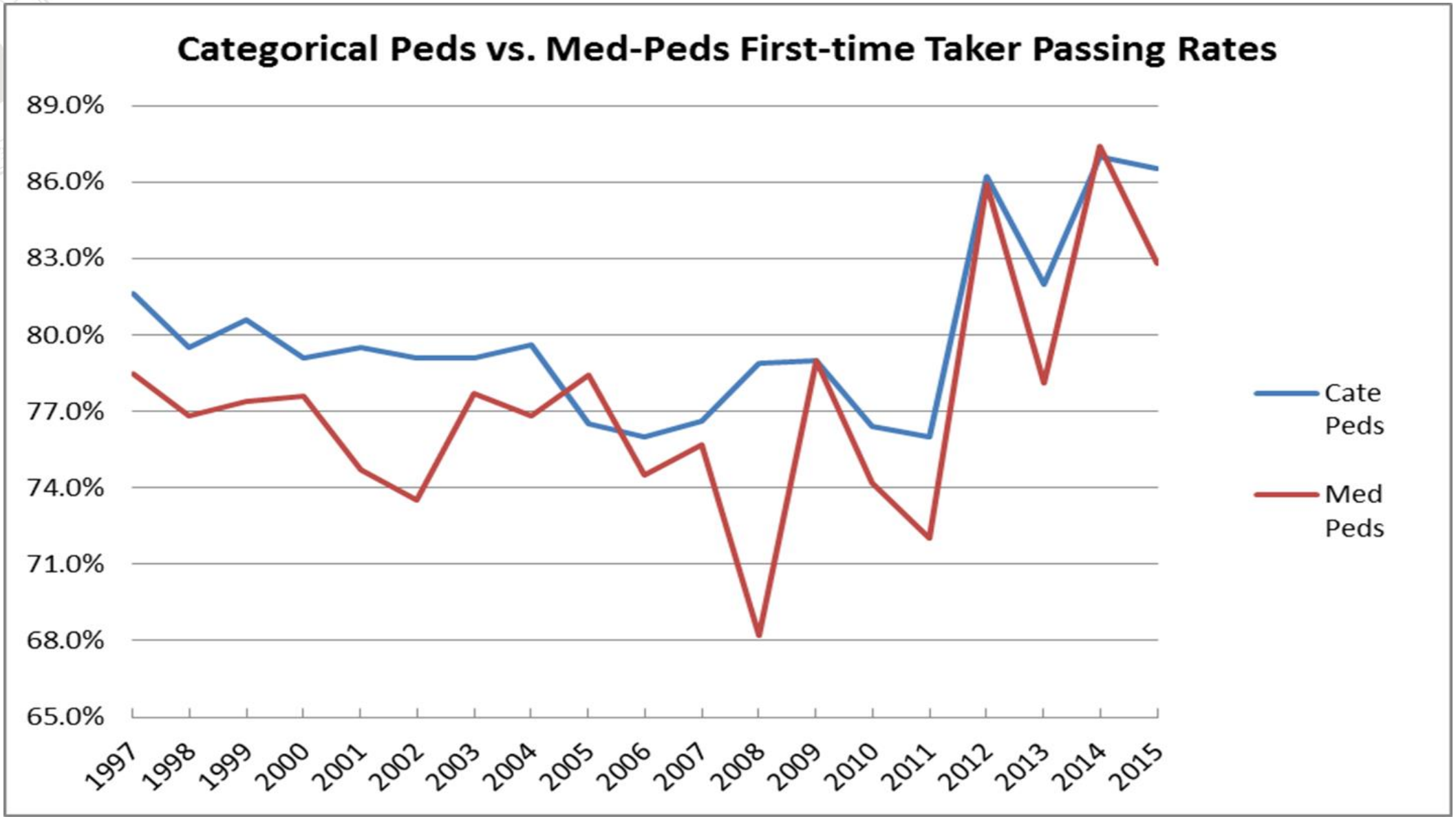
2016 In-Training Exam

- ✓ May be administered on laptops, desktops, and iPads in proctored environments.
- ✓ All exams delivered within a secure browser that prevents resident access to other websites, email, and other applications.
- ✓ System Checks must be completed on each device prior to exam delivery to ensure device and network compatibility.
- ✓ Security is paramount

Categorical Peds vs. Med-Peds First-time Taker Passing Rates

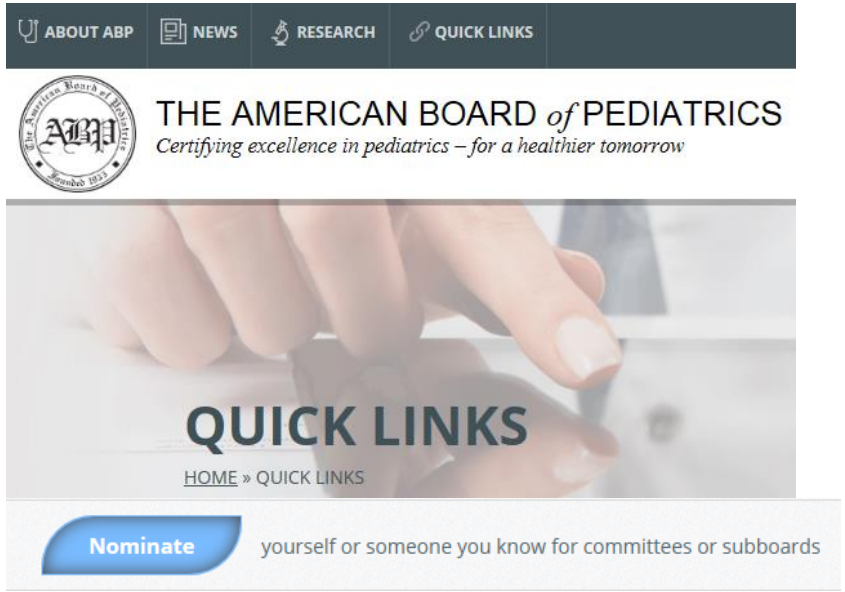
Year	Categorical Pediatrics			Medicine-Pediatrics		
	n	Mean	% Pass	n	Mean	% Pass
2011	2741	479	76.0%	307	473	72.0%
2012**	2716	203	86.2%	311	202	85.9%
2013	2778	**196***	82.0%	311	**194***	78.1%
2014***	2906	201	87.0%	309	202	87.4%
2015	2934	204	86.5%	332	204	82.8%

* Indicates a statistically significant difference ($p<0.05$) between Categorical Peds and Medicine-Pediatrics
**The ABP introduced criterion-referenced scoring in 2012. Scores are now reported on a scale of 1 to 300.
***The time-limited eligibility policy took effect in 2014.


Categorical Peds vs. Med-Peds First-time Taker Passing Rates
89.0%
86.0%
83.0%
80.0%
77.0%
74.0%
71.0%
68.0%
65.0%
1997
1998
1999
2000
2001
2002
2003
2004
2005
2006
2007
2008
2009
2010
2011
2012
2013
2014
2015
Cate Peds
Med Peds

Nominating Tool: GP Committees and Subboards

- **New online tool** can be found @ www.abpeds.org
- Nominate Yourself or Someone Else
- Appointees serve a six-year term
- Must be board certified in the area of interest



Seeking candidates who represent:

Diversity of pediatric practice: everything from rural, private practices to medical centers in major metropolitan areas

Reflection of today's trends in pediatric practice: well-seasoned pediatricians, new practitioners, part-time providers

ABP Web Site

www.abp.org

- Eligibility and training requirements for general pediatrics and all subspecialties, PD information, ABP policies, etc.
- 2015–2016 Workforce Data available for viewing and downloading from ABP Web site
- Resources for Program Directors
  - www.abp.org
  - Click the Program Directors button